JAN 28 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42117

1. PLACE OF DEATH
County Putnam — Registration District No. 722 — File No.
Township Richland — Primary Registration District No. 5943 — Registered No. 9
City (No. , St. Ward)

2. FULL NAME William Jones
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsa Jones.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 - 1852.
7. AGE Years 76 Months 10 Days 16. If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Frank Jones.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown.
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT James Jones (Address)
15. FILED Jan. 9, 1929. W. M. Hill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30, 1928
17. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1928, to Dec. 30, 1928, that I last saw him alive on Dec. 29, 1928, and that death occurred, on the date stated above, at 11 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Cardio Renal Disease
950
Unknown (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 903 (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. H. Holman, M. D.
Dec 31, 1928 (Address) Unionville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ledford Cem. — DATE OF BURIAL Dec 3/1928.
20. UNDERTAKER F. O. Husted & Son — ADDRESS Unionville Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.